



# Disabled Persons Parking Permit



## Application Form and Guidelines

### **Victorian Disabled Persons Parking Scheme Conditions of use of a Disabled Person's Parking Permit**

A permit is valid up to and including the expiry date, provided that the expiry date and permit number are legible.

The parking entitlements applicable to the permit apply anywhere in Victoria. Reciprocal arrangements between States, which have been agreed to by the Australian Transport Advisory Council, also apply.

The permit must be clearly displayed at the left side of the front windscreen, with the expiry date and permit number visible from the outside of the vehicle.

When requested by an authorised officer, a driver using the permit must:

1. State his/her name and address
2. Produce his/her driver's licence
3. Produce the relevant valid disabled persons permit
4. Show proof that he/she or a passenger in the vehicle is the permit holder; and
5. Move the vehicle from the reserved place, if the officer deems that the permit is invalid or that there is insufficient proof that the driver or a passenger in the vehicle is the permit holder.

A driver using the permit must either be the permit holder or must be parking the vehicle for the convenience of the permit holder who needs to leave the vehicle.

The permit remains the property of the issuing Council, and must be returned within seven days of notification of such return being required.

A person may only hold one Disabled Persons Parking permit.

An organisation may hold more than one Disabled Persons Parking permit but must justify in writing to the Council the number of permits required or any increase in the number of permits required.

An organisation may also hold a trip specific permit.

Provided no other restrictions on parking are breached, a vehicle correctly displaying a valid disabled persons parking permit may be parked either:

1. In a parking area or bay designated for use by people with disabilities, for the time and parking fee specified for that area or bay, if applicable, or
2. For twice the specified time for any parking area or bay not designated for use by classes of people or classes of vehicles, upon payment of any initial parking fee, if applicable.

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### **Statement for completion by a medical practitioner, specialist medical practitioner**

Please note: Council staff to determine the eligibility of your patient for a Disabled Persons Parking permit will use the information on this form. A permit will not be issued unless all details on the application are completed and have a signature and approval stamp from the Medical practitioner

9. What is your patient's disability?

10. Does your patient's disability require him/her to continually use an appliance for support to aid his/her mobility?

11. Does your patient require additional space to access his/her vehicle due to the disability?

12. Does the use of the aid cause your patient the need to use this space?

13. What appliance does your patient use as an aid?

14. Is the significant disability permanent? Yes No  
If **no** go to question 15 if **yes** go to question 17

15. Is the significant disability likely to last less than six months? If **no** go to question 16 Yes No

16. Please nominate a date within 12 months for review of the application \_\_\_\_/\_\_\_\_/\_\_\_\_

17. Does your patient's disability result in extreme danger to themselves or Others in a public place without the continuous attendance of a caregiver? Yes No

18. Does your patient's disability affect their capacity to walk distances so that they require rest breaks? Yes No

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19. Does the disability affect their capacity to walk to such an extent that it may become severely injurious (as opposed to inconvenient) to their health?

20. Is the mobility aid consistent with the applicant's disability?

21. Please contribute additional supporting information known to you.

### Declaration

I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law.

### **Application forms will not be accepted without Doctors Details and Authority Stamp**

Signature of medical practitioner/specialist/clinical psychologist

Date

Name of medical practitioner/specialist/clinical psychologist

Qualifications

Address

Telephone number

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**Note:** This authority is to be given to the medical practitioner/specialist medical practitioner/clinical psychologist, to be filed with the patient's records.

Authorisation for medical practitioner/specialist medical practitioner/clinical psychologist to complete the application form.

Name of practitioner

Address

I hereby authorise you to complete my application for a Disabled Persons Parking permit and to forward it to Bayside City Council.

I further authorise you to provide additional medical information or opinion relevant to the consideration or any reconsideration of my application as may be reasonably requested by the authorised Council officer.

Applicant's signature (or applicant's agent)

Date

Name in block letters

Date

Please note that Council collects your personal and health information for the purpose of processing your application for a Disabled Parking permit. If you have any queries or wish to gain access to your information, please visit our website on [www.bayside.vic.gov.au/privacy](http://www.bayside.vic.gov.au/privacy)

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### Disabled Persons Parking scheme

#### Statement for completion by organisations

Please note: Council collects your personal and health information for the purpose of processing your application for a disabled parking permit. If you have any queries or wish to gain access to your information, please contact Council.

<b>Office use only</b>	Date: / /
No C	
No C	
No C	
<b>Expiry date</b>	/ /



A permit will not be issued unless all details on the application are completed.

1. Organisation name

2. Name of an individual who will take responsibility for the use of the parking permits

3. Address

4. Telephone number

5. Types of disability experienced by the passengers regularly transported by your organisation?

6. Types of appliances used for support to aid the passenger's mobility?

7. For what purpose is the permit to be used?

Please note: Should your organisation require more than one label, please justify your claim in writing. If this is not supplied, only one permit will be issued.

#### Declaration

I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law. I will comply with the *Conditions of use* for the permit. If my circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within 14 days. I further agree that the permit remains the property of the issuing Council and will be returned within seven days of notification of such return being required.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date